

12-17-01

A

Please type a plus sign (+) inside this box [+]

PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 005745.P001

(maximum 12 characters)

First Named Inventor Samuel C Gibbs IIITitle: METHOD AND APPARATUS FOR PROCESSING HEALTH INSURANCE APPLICATIONS OVER A NETWORKExpress Mail Label No. EL672754086US10/29/01
10/016302
10/29/01
10/29/01ADDRESS TO: **Assistant Commissioner for Patents**
Box Patent Application
Washington, D. C. 20231**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. X **Fee Transmittal Form (e.g., PTO/SB/17)**
(Submit an original, and a duplicate for fee processing)
2. X **Applicant Claims Small Entity Status. (37 CFR 1.27)**
3. X **Specification (Total Pages 33)**
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. X **Drawings(s) (35 USC 113) (Total Sheets 11)**
5. X **Oath or Declaration (Total Pages 12)**
 - a. X Newly Executed (Original or Copy)
 - b. Copy from a Prior Application (37 CFR 1.63(d))
(for Continuation/Divisional with Box 17 completed)
 - i. **DELETIONS OF INVENTOR(S)** Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
 - c. Unsigned.
6. **Application Data Sheet. (37 CFR 1.76)**
7. **CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)**
8. **Nucleotide and/or Amino Acid Sequence Submission**
(if applicable, all necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statement verifying identity of above copies

2/15/01

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

- 18A. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:**

Applicant(s): Also include a Preliminary Amendment to amend the specification to claim priority.
For CONTINUATION AND DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

102. Statement under 37 C.F.R. 1.51(c)(1): Continuing application.

The undersigned states that _____ (name of assignee) is the assignee of the entire right, title, and interest in the accompanying patent application by virtue of an assignment recorded in the Patent and Trademark Office at Reel. No. _____ Frame No. _____ (or a copy of which is attached).

_____ Customer Number or Bar Code Label
or
X Correspondence Address Below

_____ (Insert Customer No. or Attach Bar Code Label here)

BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP

Seventh Floor

Country U.S.A. TELEPHONE (408) 720-8300 FAX (408) 720-9397

Signature: [Signature] Date: 10/29/01

FEE TRANSMITTAL FOR FY 2002**TOTAL AMOUNT OF PAYMENT (\$)** 1,368.00**Complete if Known:****Application No.** Not Yet Assigned**Filing Date** Herewith**First Named Inventor** Samuel C. Gibbs III**Group Art Unit** Not Yet Assigned**Examiner Name** Not Yet Assigned**Attorney Docket No.** 005745.P001**METHOD OF PAYMENT (check one)**

1. ☒ **The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:**

Deposit Account Number 02-2666**Deposit Account Name** _____

- ☐ **Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17**

2. ☒ **Payment Enclosed:**

☒ **Check**☐ **Money Order**☐ **Other****FEE CALCULATION****1. BASIC FILING FEE**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
101	740	201	370	Utility application filing fee	<u>740.00</u>
106	330	206	165	Design application filing fee	_____
107	510	207	255	Plant filing fee	_____
108	740	208	370	Reissue filing fee	_____
114	160	214	80	Provisional application filing fee	_____

SUBTOTAL (1) \$ 740.00**2. EXTRA CLAIM FEES**

			<u>Extra Claims</u>	<u>Fee from below</u>	<u>Fee Paid</u>
Total Claims	<u>48</u>	- 20** =	<u>28</u>	X <u>18.00</u>	= <u>504.00</u>
Independent Claims	<u>4</u>	- 3** =	<u>1</u>	X <u>84.00</u>	= <u>84.00</u>
Multiple Dependent					= _____

****Or number previously paid, if greater; For Reissues, see below.**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>	
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	**Reissue independent claims over original patent
110	18	210	9	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$ 588.00

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

<u>Large Entity</u>		<u>Small Entity</u>		<u>Fee Description</u>	<u>Fee Paid</u>
<u>Fee Code</u>	<u>Fee (\$)</u>	<u>Fee Code</u>	<u>Fee (\$)</u>		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,520	147	2,520	For filing a request for ex-parte reexamination	
099	8,800	099	8,800	Request for inter partes reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for response within first month	
116	400	216	200	Extension for response within second month	
117	920	217	460	Extension for response within third month	
118	1,440	218	720	Extension for response within fourth month	
128	1,960	228	980	Extension for response within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive unavoidably abandoned application or unavoidably delayed payment of issue fee	
141	1,280	241	640	Petition to revive unintentionally abandoned application or unintentionally delayed payment of issue fee	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Petitions related to provisional applications	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	40.00
146	740	246	370	For filing a submission after final rejection (see 37 CFR 1.129(a))	
149	740	249	370	For each additional invention to be examined (see 37 CFR 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	
Other fee (specify) _____					
Other fee (specify) _____					

SUBTOTAL (3) \$ 40.00

*Reduced by Basic Filing Fee Paid

SUBMITTED BY:Typed or Printed Name: James H. Salter

Signature: _____

Date: 10/29/01Reg. Number: 35,668Telephone Number: 408-720-8300

EXPRESS MAIL CERTIFICATE OF MAILING

"Express Mail" mailing label number: EL672754086US

Date of Deposit: 10/29/01

I hereby certify that I am causing this paper or fee to be deposited with the United States Postal Service "Express Mail Post Office to Addressee" service on the date indicated above and that this paper or fee has been addressed to the Assistant Commissioner for Patents, Washington, D. C. 20231

Dawn Roberts
(Typed or printed name of person mailing paper or fee)

Dawn Roberts
(Signature of person mailing paper or fee)

10/29/01
(Date signed)

Serial/Patent No.: **** Filing/Issue Date: Herewith

Client: eHealth Insurance

Title: METHOD AND APPARATUS FOR PROCESSING HEALTH INSURANCE APPLICATIONS OVER A NETWORK

BSTZ File No.: 005745.P001 Atty/Secty Initials: JHS/DLS/dkr

Date Mailed: October 29, 2001 Docket Due Date: ****

The following has been received in the U.S. Patent & Trademark Office on the date stamped hereon:

<input type="checkbox"/> Amendment/Response (____ pgs.)	<input checked="" type="checkbox"/> Express Mail No.: <u>EL672754086US</u> <input checked="" type="checkbox"/> Check No. <u>46154</u>
<input type="checkbox"/> Appeal Brief (____ pgs.) (in triplicate)	<input type="checkbox"/> _____ Month(s) Extension of Time Amt: <u>1,328.00</u>
<input checked="" type="checkbox"/> Application - Utility (<u>33</u> pgs., with cover and abstract)	<input type="checkbox"/> Information Disclosure Statement & PTO 149 (____ pgs.) <input checked="" type="checkbox"/> Check No. <u>46153</u>
<input type="checkbox"/> Application - Rule 1.53(b) Continuation (____ pgs.)	<input type="checkbox"/> Issue Fee Transmittal Amt: <u>40.00</u>
<input type="checkbox"/> Application - Rule 1.53(b) Divisional (____ pgs.)	<input type="checkbox"/> Notice of Appeal
<input type="checkbox"/> Application - Rule 1.53(b) CIP (____ pgs.)	<input type="checkbox"/> Petition for Extension of Time
<input type="checkbox"/> Application - Rule 1.53(d) CPA Transmittal (____ pgs.)	<input type="checkbox"/> Petition for _____
<input type="checkbox"/> Application - Design (____ pgs.)	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Application - PCT (____ pgs.)	<input type="checkbox"/> Power of Attorney (____ pgs.)
<input type="checkbox"/> Application - Provisional (____ pgs.)	<input type="checkbox"/> Preliminary Amendment (____ pgs.)
<input checked="" type="checkbox"/> Assignment and Cover Sheet <u>5 Pgs Signed</u>	<input type="checkbox"/> Reply Brief (____ pgs.)
<input checked="" type="checkbox"/> Certificate of Mailing <u>Express Mail</u>	<input type="checkbox"/> Response to Notice of Missing Parts
<input checked="" type="checkbox"/> Declaration & POA (<u>12</u> pgs.) <u>Signed</u>	<input type="checkbox"/> Small Entity Declaration for Indep. Inventor/Small Business
<input type="checkbox"/> Disclosure Docs & Orig & Copy of Inventor's Signed Letter (____ pgs.)	<input checked="" type="checkbox"/> Transmittal Letter, in duplicate
<input checked="" type="checkbox"/> Drawings: <u>11</u> # of sheets includes <u>11</u> figures	<input checked="" type="checkbox"/> Fee Transmittal, in duplicate

☐ Other: _____